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CONFIRMATION NO. 6920

<b>SERIAL NUMBER</b> 09/921,365	<b>FILING OR 371(c) DATE</b> 08/02/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 21242-PA	
<b>APPLICANTS</b> Joseph A. Sniadach, Baltimore, MD; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 09/07/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> J. BRUCE HOOFNAGLE P.O. BOX 370 LISBON ,MD 21765-0370					
<b>TITLE</b> DOUBLE BARREL VENTILATION MASK FOR A PATIENT					
<b>FILING FEE RECEIVED</b> 958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		